







Parks and Recreation

3500 South Rural Road, Tempe, AZ 85282



"All City" Summer 2004 Small Ball Basketball for grades 1st-4th

-  Introduction to Basketball that will teach the basics of shooting, ball handling, defense and passing. Teams will play two games per week on weeknights (Mon-Thurs) starting June 2 and going through July 17.
-  Each day will consist of a 30- minute practice with a basketball instructor and conclude with a 30-minute scrimmage/game.
-  City Staff will conduct each practice and game.
-  Games will be played at local Tempe Middle Schools based on gym availability on lowered baskets.
-  **League Categories:** Boys and Girls in 1st & 2nd grades (**BASK 1C**), Boys in grades 3&4 (**BASK 2C**) and Girls in grades 3&4 (**BASK 2C**) Boys & girls play in separate leagues in the 3rd & 4th grades.
-  **Easy to Register!** Mail-In or Drop Off Monday-Friday, 8 AM-5 PM
(Deadline: May 20th) FAX: 480-350-5278 (Debit or Credit payment only)

ON-LINE: www.tempe.gov/pkrec (Debit or Credit payment only)

Fee: \$50



FEE ASSISTANCE AVAILABLE

"All City" Small Ball Basketball Registration Form			Summer 2004
Participant Name: _____	Date of Birth _____	Age _____	Sex _____
Address: _____	APT # _____	City _____	Zip _____
Phone: Eve _____	Day _____	School _____	Grade _____
Parent's Name: _____			
Please Circle One: BASK 1C BASK 2C			
Waiver of Liability			
<p>With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: _____.</p> <p>I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.</p> <p style="text-align: center;">_____ / _____</p>			
REQUIRED: Parent or Legal Guardian Signature AND Printed Name		Date	
Fee: \$ _____	Credit Card Number _____ -- _____ -- _____ -- _____	Exp. Date: _____	
Enclosed Check # _____ OR Signature Authorizing Charge to above number _____			

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